The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate
Bealth Department, City of Baltimore.
Permit No. 99490 Office of Registrar of Vital Statistics. Ward 18"
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-feer hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained Without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Clar, 25th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, S8 Years, Months, Days
Color, white
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Stone cutter
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Leve years
Place of Death, (Give Street and ) 1855 / Earnesey St.
Cause of Death, { First (Primary), Second (Immediate), Second (Imm
Duration of Last Sickness, The Sound be furnished by the Physician.
Place of Burial, Mrt. Clivet Con
Date of Burial, afra 7/87
SUndertaker, 1.13. Cook Medical Attendant.
( Place of Business, 1003 00/2altadress, 1821 / rederate cur
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the  City of Baltimore.  Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of
the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Bealth Department, City of Baltimore.
Permit No. 99491 Office of Registrar of Vital Statistics. Ward 200
THE I HYDICIAH WROTHINGED ONE news or - 1 - 1 '11 '
to the Undertaker or other person superintending the burial, within trendy-four hours after the death of said deceased, or sooner, No Permit for Burial can be Obtained without a Proper Certificate.
CED TELEVICATE
CERTIFICATE OF DEATH.
Date of Death, April 257
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } of Emale
Age, 39 Years, Months, Day
Color, While
Married, Single, Widow or Widower, (Cross out the words not)
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore. 22 JEars.
Place of Death, (Give Street and) Number. I Lanvale St.
Place of Death, {Give Street and } No #342 Lanvale St.  Cause of Death, {First (Primary), Mumber.   Double)  Second (Immediate),
Duration of Last Sickness, one Wels' All the above information should be furnished by the Physician.
Place of Burial, London Parkley
Date of Burial, afr 27/82 (1-31/1)
Undertaker, Jors Coolf Jel, M. Medical Attendant. M. D.
Place of Business, 1003 W. Bakters 1601 Tresslman 16

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause lover.

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The Special Attention of Physicians is I	Respectfully Invited to the Re	emarks below, and to	List of Diseases on back	of this Certificate.
Bealth I	Jepartment,	City of	Baltimor	e
Permit No. 99492 01	fice of Registra	of Vital S.	tatistics. War	1 / 9
The Physician who attended any p to the Undertaker or other person supe requested so to do, under penalty of law No Permit Fo	rintending the burial, within	twenty four hours an	er the death of said dece	accurately filled out,
CERT	IFICATE	OF D	EATH.	00
Date of Death,	ril 26.	887	7	
Two Transco of Docember, 1 not	e legibly and spell ctly. If an Infant named, give names	acob x	nogette	
Sex, Male or Female, Tross out required		4 ms	sile .	42/
h7.1-	Years,	/ Mont	ho;	Days.
Color, IT Mile  Married, Single, Widow or V	Widoway   Cross out the word	ls not \		
Occupation, 72	one_			
Birth Place, State or country, and ho long in the United State if of foreign birth.	Hall.		Ind	_
Duration of Residence in th	e City of Baltimore,	7 ms	110741	layer
Place of Death, {Give Street and }.			an.	
0	y), Purbus ediate), Conge	stion of	The bra	
Duration of Last Sickness, All the above information should be furni	Shed by the Physician.	e .	***************************************	
Place of Burial, clount	Carnel Cem	try.		
Date of Burial, April.	27 1884)	(1)	Wand.	34 7
Undertaker, Wine ela	alice ann Ad	dress. /8/2	Medical Atten	M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be a further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Eack of this Certific	icat
Board of Health, City of Baltimore,  Permit No. 99493 Office of Registrar of Vital Statistics. Ward 20  The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately	7
f requested so to do, under penalty of law.  No Permit for Burial, can be Obtained without a Proper Certificate.	one
CERTIFICATE OF DEATH.  Date of Death, Cf. 26 18 57	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant' }	
Male or Female, {Cross ont the word not }	
Age, / Years, 2 Months, Do	uys
Color,	
Married, Single, Widow or Widower, {Cross out the word not }	
Occupation,	
Birthplace, {State or country, and how long in the United States, of of foreign birth.	
Ouration of Residence in the City of Baltimore, /4 2	
Place of Death, Give street and 63 / Bische )	
) First, (Primary,) Ven Mauria	
Cause of Death, Second, (Immediate,)	
Puration of Last Sickness,	
Place of Burial, Lewel Country	
Date of Bariat, April 28. 1887 / 14/ Lett M.	n
(Undertaker, aly Henryly) Medical Attendant.	
Place of Business, Fillerchardost Address,	

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth s far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and he cause and date of death, except in cases of births and deaths of illegitimate children.

Exger Wark il

The Special Attention of Physicians is Resp	ectfully Invited to the Re	marks below, and to Lis	st of Diseases on back of th	nis Certificate.
Bealth De	vartment.	City of	Baltimore.	
Permit No. 99494 Office The Physician who attended any person	e of Registrar	of Vital State	tistics. Ward	wately filled out
requested so to do, under penalty of law.	BURIAL CAN BE OF TAKE	twenty-jour hours after	the death of said deceased	, or sooner, if
	FICATE	OF DE	EATH.	
Date of Death, Afm	1 25.	1887		
Full Name of Deceased, Write leg correctly. not name of parents	ibly and spell If an Infant d, give names	ah Vi	malhino	
Sex, Male or Female, { cross out the required in this	vord not }			/
Age, 47 Yea	ars,	Months,	/	Days.
Color, Colorica			1/	
Married, Single, Widow or Wid	ower, {Cross out the words	s not }		
Occupation,		<b>/</b>	•	
	Manyl			
Duration of Residence in the		35 year	50	
Place of Death, {Give Street and }	430 m	hinte (		
Cause of Death, $\begin{cases} \text{First (Primary)}, \\ \text{Second (Immediate)} \end{cases}$	Pulmonn.	y lone.	meplion	
Duration of Last Sickness, All the above information should be furnished by	5 more	the		
Place of Burial, Landbe	enetry			
Date of Burial, April 2	8 1887)	e Barre	-	
Undertaker, Acy He	usly	carra	Medical Attendant.	M. D.
Place of Rusiness LUEN	1601013	mm 650	10 11 1	200

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Date

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Age,

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enach and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as a same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o	n Back of this Certificat
Bealth Department. City of Baltin	
Permit No. 991/95 Office of Registrar of Vital Statistics.	, / =
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.	Ward // filled out it deceased, or sooner, i
CERTIFICATE OF DEATH	a
Date of Death, Spail 25, 1889	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	
Sex, Male or Female, {Cross out the word not }	
Age, 28 Years, Months,	Down
Color, White.	Days
Married, Single, Widow or Widower, {Cross out the words not } Occupation, Punter + Publisher	
Birth Place, {State or country, and how long in the United States, } Butting City.	
Duration of Residence in the City of Baltimore, Life.	
Place of Death, {Give Street and} 1011 Harlan Arms,	
Cause of Death, { First (Primary), Marutin ofthe Windfife & B. Second (Immediate), Hernorthy of pulme or	ronchi olun.
Duration of Last Sickness, M. Dry  All the above information should be furnished by the Physician.	
Place of Burial, Yournand Centery.	
Undertaker, Stewart Moures honnessure	М. Д.
Place of Business 2157217 Parkan Address. 605 h. Charles	Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

	The state of the s
	Permit No. 99
	The Physician to the Undertaker or requested so to do, un
	Date of Death
ORE C	Full Name of .
LTIMO	Sex, Male or A
CS BA	Color, When
TISTI	Married, Single
	Occupation,
	Birth Place, $\left\{ egin{smallmatrix}  ext{Str.} \\  ext{lor} \\  ext{if} \end{array}  ight.$
	Duration of R
	Place of Death
	Cause of Death
	Duration of Le
	Place of Buria
	Date of Buria
	∫ Undertaker,
	T 0 T

The Special Attention of Physicians is Kespectfully Invited to the Kemarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 99496 Office of Registrar of Vital Statistics. Ward 12)
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 26 /87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female; {Cross out the word not } required in this line.}
Age, Years, 2 Months, Days.
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } Dr. Vinceul's Hoylum
Cause of Death, Second (Immediate), Exhaustin.
Duration of Last Sickness, 2 2007 - All the above information should be furnished by the Physician.
Place of Burial, hur le out le unileg
Date of Burial, Spile 27. 1887 ] J. J. Lessers
J Undertaker, John Masters out
{ Undertaker, John Masters our }  Place of Business, Division & Address, 1701 Dr. Hu av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate epartment, City of Baltimore. Office of Registrar of Wital Statistics. The Physician who attended any person in a last illness, is responsible for the pre-entation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours, after the death of said deceased, or sooner, if No Permit for Burial van be Obtained without a Proper Certificate. Date of Death, Write legibly and spell correctly. If an Infant not named, give names of parents. Full Name of Deceased, Sex, Male or Female, Cross out the word not required in this line. Age. Years. Months. Days. Color. Married, Single, Widow or Widower, [Cross out the words not ] Occupation. Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Loudo Date of Burial, affril 28 (Undertaker, andreso Place of Business, 130 Penna ave Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

No. 99498 The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.
Bealth Department, City of Baltimore.
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate,
Date of Death, April 26.87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.  Sex, Male or Female, { Cross out the word not } required in this line. }
Age, 33 Years, Months, Days.  Color,
Married, Single, Widow or Widower, {Cross out the words not }  Occupation,  Birth Place, {State or country, and how long in the United States, if of foreign birth.  Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Duration of Last Sickness, Silve Heldo.  All the above information should be furnished by the Physician.  Place of Burial, Baltimore Cernetic,
Date of Burial, April 28 1887 G. G. Keele M. D.  Sundertaker, Holeway W. Melectes  Medical Attendant.
Place of Business, #4/3 G. Fayelle StAddress, COO Secure Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

<b>Bealth</b>	Department, City	of Baltimore	2.
Permit No. 99499	Office of Registramof V	ital statistics. Ward	14
to the Undertaker or other person s	superintending the burial within trights form	he presentation of this Certificate, ac	
requested so to do, under p nalty of No Permi	law. Tr for Burial can be Obtained withou	T A PROPER CERTIFICATE.	ed, or soon
	TIFICATE OF		
Date of Death,	Write legibly and spalls	2776.1887	
Full Name of Deceased,	not named, give names of parents.	talcolow Mc.	Morg
Sex, Male or Female, {Cross of require	out the word not }	Lena	0
Age, 38	Years, 9	Months, 14	<i>D</i>
Color,	While		No. of London
Married, Single, Widow or	r Widower, {Cross out the words not }		
Occupation,			
Birth Place, State or country, and long in the United S if of foreign birth.	how tates,		
Duration of Residence in	the City of Baltimore, Le	·fe	
Place of Death, {Give Street and Number.	2144 Divison	Threet.	
First (P.:	nary), Pensperal	Lestieemian	
Cause of Death, Second (In	('')		*
Duration of Last Sickness	~ 5	***************************************	· · · · · · · · · · · · · · · · · · ·
Jul actor of Lage Neurites			
All the above information should be	Identified by the Physician.		
	Fern Cen.	0	
All the above information should be	tern Een.	Rekent	
All the above information should be	tern Een. e 29 - Innnel	Rickers Moderal Attendar	

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of the person deceased, and the cause of the person deceased.